**A CARING PLACE**

**Volunteer Handbook**

****

**BUILDING FRIENDSHIPS**

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**Welcome to A Caring Place, Inc.**

Thank you for your interest in volunteering for A Caring Place. We are delighted to have you join us in our endeavor to serve the older members of the greater Lexingtoncommunity. We are a faith based non-profit organization whose purpose is to reach out to the elderly in our community who are socially isolated.

Research shows that socially isolated older adults are at risk of suffering from loneliness and developing depression. Without intervention, these symptoms can escalate into a higher degree of care needed. Engagement with caring volunteers is one of the most effective means of preventative care.

There has never been a time when the need to support older adults has been so great. The three components of our organization, Telephone Comfort Care, Home Visits, and Welcome Center program may bridge the gap between government assistance and self-reliance for socially isolated elders. Participants, in the Telephone Comfort Care or Home Visits will be paired with volunteers to provide companionship and emotional support. This program will help participants maintain their independence and well-being, while building relationships with their volunteers. We will all benefit from our participation and involvement in this program, and with each passing day we discover how our own interests and skills can blend with those of our participants. A Caring Place is transformative for both our participants and volunteers; therefore, both are referred to as our guests.

As a volunteer, you will be provided the initial orientation before being matched with a participant and will have continued support during your involvement with the program.

Please feel free to contact me whenever you have concerns or joys to share. We look forward to becoming better acquainted with you and to a rewarding and stimulating “world of experiences” through our shared service.

Blessings,

Roxanne Cheney

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**General Information**

**Introduction**

Volunteers are an integral and important part of our Program. Your service to the participants is invaluable. We ask that you adhere to the following policies and procedures.

**Responsibilities**

* Guests are always to be treated kindly and with respect.

**Professional Attitude**

* Volunteers are asked to take their commitment seriously.
* Volunteers are asked to conduct themselves in a professional manner.
* Any disputes, questions and comments regarding policy and procedures should be discussed in private and never in front of the participant.
* Your friendly conduct will leave a very favorable impression on the participants, their family members and the public.

**Attendance**

* Please be punctual for your visits, scheduled calls or assigned times to our Welcome Center.
* Notify staff and your participant in advance if you are unable to meet a volunteer commitment.

**Dress Code**

* Dress with your duties in mind. Be neat and clean. (if phone work only at home, relax and be comfortable 😊
* Remember, your appearance and conduct must represent the organization in a positive manner.

**Other:**

We have 4 component parts to A Caring Place: A Telephone Comfort Care Program, a Welcome Center (currently opened only on Weds from 9 to noon), and a Transitional Care Program. For special needs guests, as defined by staff, we also offer a Home Visiting Program. The rest of this handbook covers these programs.

This handbook also contains documentation forms that we use in our program, and a volunteer agreement form, which must be filled out prior to volunteering.

If you have any questions, please do not hesitate to contact me.

**Telephone Comfort Care**

Telephone Comfort Care Program volunteers dedicate themselves to ensuring that older adults have an alternative to social isolation and loss of personal independence. Services are available to older adults of all races, faiths and cultures.

**Telephone Comfort Care calls say…” You have a friend who calls you every day.”** Seven days a week, 365 days a year, Telephone Comfort Care volunteers place calls to many older adults who live alone and want to remain in their own homes. These calls are not just to check on their well-being…as important as that may be…. but also, to socialize and talk about things of common interest. Conversations can be short, but not rushed or long.

Frequently, volunteers may report any special needs to staff that require a social services team. This team can help participants obtain needed services or link them with support groups, home health services, nursing care, mental health services, legal assistance, transportation or home-delivered meals and more.

After repeated attempts, if a participant doesn’t answer the telephone by 7 p.m, staff will be notified. Staff will determine if emergency contact or police need to be contacted.

Daily contact through Telephone Comfort Care can eliminate the worry that many older adults have about living alone and not having regular contact with someone who knows them and their daily routine.

**Welcome Center**

The Welcome Center offers our guests an opportunity for weekly and personal social interaction. Anyone is welcome. Currently, this is open one morning a week, but as clients increase, the days open will also increase, so that no more than 10 clients will be seen at any given time. This small group will allow sufficient time for individual socialization via activities such as reading the newspaper, jigsaw puzzles, movement therapy, or teaching mindfulness. As comfort continues to increase, the client will be encouraged to participate in mutual reminiscing with a staff. Blood Pressure checks will be done weekly and recorded for all clients. Catered meals will be served to clients to help meet nutritional needs that are often overlooked by those living alone and the elderly.

**Home Visiting**

Volunteers pay regular visits to participants living alone and are matched, as closely as possible, by their common interests and geographical area.

Volunteers will assist with correspondence; enjoy a common interest or hobby or pass the time just talking or walking. Most important is the human warmth and companionship that this program fosters between an older person and the volunteer. It may even encourage participants to seek other social opportunities.

Following each visit, volunteers may report any special needs to A Caring Place staff. The staff will help older adults by providing resources and references to support groups, home health services, in-home nursing care, mental health services, legal assistance, or transportation and more.

The regular visits can minimize the worry that many older adults have about living alone and not having regular contact with someone who knows them and their monthly routines.

When making home visits, treat everything that you hear and observe about your participant as confidential. Confidential information is to be passed on only to the Program Coordinator, if appropriate.

Home visitors build relationships on natural trust and acceptance. If you commit yourself to an older adult, follow-through is essential. ***Try to avoid breaking promises or making promises you may not be able to keep.***

* Being friendly and showing an interest in your participant are the best means of developing a good relationship with him/her.
* Show warmth, caring and be open to the feelings expressed by another.
* Remember that people often need cheering up, but at other times need to be encouraged to talk about their troubles and concerns. Do not shut off conversations about death, dying, loneliness or other losses that they may be experiencing (divorce, retirement, moving, financial, medical, etc.)
* Focus your attention on the participant and ***listen carefully.***
* A nice thing to do for your participant is to send seasonal greetings, birthday or thinking about you cards.

At first it may seem difficult to relate to your participant. Do not be discouraged. Remember that you have to get to know each other and he/she may be afraid, defensive or suspicious of outside contact due to the prolonged isolation that he/she has already experienced. This will usually pass if he/she is allowed to move at his/her own pace.

Do not get involved in family arguments.

Avoid controversy and never criticize. People in need are especially sensitive to criticism, as they are often already self-critical and sensitive due to the stress of their circumstances.

**It can be helpful to structure your visit around a task or activity, such as:**

* Reading aloud from a favorite book or newspaper.
* Writing letters.
* Playing games, doing puzzles.
* Doing creative activities or hobbies such as gardening, painting, knitting or cooking.
* Sharing a recreational activity.
* Taking a walk.
* Sharing a flower, picture or article from a magazine or favorite book.

**Protect your time, energy and emotions by:**

* Being helpful, but careful to set your own limits firmly and politely with the older adult.
* Setting realistic limits on the relationship and not allowing the participant to take advantage of your good intentions.
* Fostering independence and encouraging the older person to do as much as possible for him/herself, firmly stating your functions as a volunteer.
* Never settling problems beyond the scope of your volunteer assignment. You are not expected to function as a social worker, doctor, lawyer or pastor.
* If you are in doubt about an issue, always consult the Staff

**Common Do’s and Don’ts During Interactions**

1. **If home or phone care, familiarize yourself with the participant guest sheet** given to you, when you received your assignment. Any special concerns about the participant, will be noted on this form, as well as participants demographics, e.g. address, phone, date of birth, next of kin and the emergency contact numbers.
2. **When placing calls, your greeting should be “Hello**, this is (your name) from A Caring Place. Conversations can be short, but not rushed or long.
3. **Ask open ended questions.** Try to engage the participant in conversation using the notes from the comment section or talking about the weather. Ask about their plans for the day or remind them to take medication if appropriate. Sometimes they just need to vent, and they need you to listen. If you can relate, then relate, but don’t tell them all your problems. If they talk about a certain memory, listen intently, and then share a similar memory, if able (i.e. mutual reminiscing)
4. **Do not give medical or financial advice.** Do not even recommend over the counter or home remedy medications. They could interfere with the prescribed medications and their health.
5. **Make Note of Birthdays.** Check the DOB (date of birth) in the comment section of the information sheet. If applicable, wish the participant a happy birthday. All participants receive birthday cards from A Caring Place.
6. **Once a call is made, and you speak with or leave a message for a participant**, get a busy signal, if the phone just rings, is disconnected or you speak to a caregiver, make the appropriate notation on your documentation form.
7. **If a participant has a question about our services** or needs resources, which you cannot answer, refer them to a staff member at 859-368-2656.
8. **Make** note of special circumstances such as: death of a relative or a pet, illnesses or upcoming surgeries etc. Please date and sign notes. Please let a staff member know, as we will send them a card.
9. **Use blue/black ink only** to document.
10. **Sympathy and Get-Well Cards**: Inform staff of deaths of family members or pets of participants. Report any major illnesses so that appropriate cards can be sent.
11. **If you do not wish the participant to know your personal number**, when dialing #31(phone number) #31. Your number will show up as ‘private’ to the participant. If you decide to use this method, please let the assigned staff know, so they can share with participant. Otherwise, the participant, may not answer your call.

**LEAVING MESSAGES**

If a participant cannot be reached, leave only one message. Speak **slowly** when leaving messages. Identify yourself and give the date and time of the call. Give the appropriate number **slowly** and repeat it.

**Calling Emergency Contacts:**

If you have not reached a participant by 7:00 p.m., alert staff, who will call their emergency contact numbers. Identify yourself by name from **A Caring Place**. Staff will Explain that we are a telephone comfort care program and that we make calls on a regular basis to the participant. Staff will alert other staff via email that this call has been made, and document this call in the participant’s case notes. **Until you are familiar with the participants, the volunteer will never make these emergency calls, but when permitted, will call staff prior to making the call, to ask for their approval.**

**Recognizing Health Problems**

Volunteers are important and valuable contacts for our participants. In many cases, volunteers afford the first opportunity for older adults to interact with someone who may be able to help them recognize a health problem that needs attention.

Recognition of a possible health problem in an older adult means being aware of and recognizing symptoms associated with various conditions by observing behavioral changes, listening carefully to participant’s complaints and knowing how to respond. Recognition and response are not the same as diagnosis.

**PLEASE REMEMBER**: You have accepted a great responsibility in interacting with participants. Recognizing, responding to, and reporting any potential health problems are your responsibilities. Reporting information to someone who is a trained medical professional may save an older person’s life but attempting to diagnose any health problems for any of your participants is not your responsibility.

* **Do not attempt to diagnose a participant’s situation about any health issue.** Report your observations and concerns to staff immediately so that a health professional can take appropriate steps.
* **You are not in this alone.**
* **Your contacts with the A Caring Place Program are there to help.** There are many resources available in our community.
* **There is no such thing as a stupid question.** The questions you ask may help a person to live a fuller, more comfortable life.

The following section, “Assessment and Action”, is designed to help you identify possible health problems. Recognition, response to, and reporting are the name of the game. Knowing what to do next comes with careful assessment of individual situations.

**Assessment and Action**

**Medical Emergency**

Since volunteer contact is, not only in person, but over the phone, you must rely upon what the participant tells you in assessing a medical emergency. The major key to recognizing an emergency is noting changes. As a volunteer, you are in a unique position of being in daily contact with your participant and can establish a baseline of what is **normal.**

Two elements help establish the degree of response. (Remember volunteers are not expected to be medical experts.)

1. **Suddenness**
2. **Severity**

If the symptoms expressed by a participant are not sudden or severe, it is most appropriate to urge the participant to phone his/her doctor. Then you need to call the staff to follow-up.

**Suddenness** of a symptom can be clearly defined. Because of your regular contact, you will know when symptom is out of the ordinary.

**Severity** is often more difficult to determine over the phone.

**Example:** Emphysema, where the participant will always have some difficulty with breathing. The emergency comes when the participant is gasping and cannot catch his/her breath.

Often a participant is reluctant to call the doctor even when urged by a volunteer. This is usually due to feelings that the doctor will not listen to him/her. Please call the staff, who may with the participant’s permission, act as an advocate and contact the doctor on the participant’s behalf.

In order to get the doctor’s attention, instruct the participant to demand to speak to the doctor or the doctor’s nurse, and to say the need is urgent and to stay on the line until either the doctor or the nurse answers the phone. (Often this can be quite a long time.)

To help you determine the appropriate action to take with regard to your participant’s health condition (based on information gathered through conversation, careful listening, experience and some common sense) the following chart has been devised with the assistance of Andrew Duxbury, M.D.

* **Remember, regardless of the level of participant response, thestaff must be notified.**

**ASSESSMENT AND ACTION**

**Action to take based on degree of urgency**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment** | **Call 911** | **Have Participant Call Own Doctor** | **Call Program Manager** |
| **Chest pains:** **Regardless of whether a senior has or has not had a history of heart problems** |  |  |  |
| **Severe gasping/shortness of breath:**  **While resting or exercising** |  |  |  |
| **Vomiting** |  |  |  |
| **Dizzy when standing up or walking** |  |  |  |
| **Diarrhea with blood or fever present** |  |  |  |
| **Abdominal pain with a fever** |  |  |  |
| **Abdominal pain with sudden onset** |  |  |  |
| **New pain in arms, legs or back** |  |  |  |
| **Unable to move arms or legs properly** |  |  |  |
| **Unable to speak properly** |  |  |  |
| **Sudden body swelling** |  |  |  |
| **Severe bleeding** |  |  |  |
| **Loss of Consciousness** |  |  |  |

**Action to take based on degree of urgency**

|  |  |  |  |
| --- | --- | --- | --- |
| **Symptom** | **Call 911** | **Have Participant Call Own Doctor** | **Call Program Manager** |
| **Change in thinking with fever, illness or slow onset** |  |  |  |
| **Weight change plus or minus 10 pounds** |  |  |  |
| **Always thirsty** |  |  |  |
| **Always fatigued** |  |  |  |
| **Change in sleep habits** |  |  |  |
| **Change in appetite** |  |  |  |
| **Depression** |  |  |  |
| **Suicide attempt** |  |  |  |
| **Unusual lump or sore** |  |  |  |
| **Change in hearing or vision** |  |  |  |
| **After a fall, if the senior has hit his or her head, is unable to walk or has severe pain** |  |  |  |
| **Listlessness/or not feeling well** |  |  |  |
| **Medication mistake** |  |  |  |
| **Change in relationships** |  |  |  |
| **Legal, housing or family problems** |  |  |  |

**Calling 911**

 Listed below are examples of emergencies requiring a call to 911:

1. Chest pains, which are described as crushing or squeezing, especially when accompanied by shortness of breath.
2. Inability to catch one’s breath/gasping for breath.
3. Sudden onset of severe pain.
4. Inability to move limbs and/or to speak properly.
5. Severe bleeding from any part of the body.
6. Loss of consciousness.
7. Suicide attempts or threats to commit suicide.
8. Falls resulting in:
* Severe pain
* Inability to walk
* Head injury

**Elder Abuse**

Elder abuse can be a cause of health changes in some older adults. Only since 1987 has the federal government attempted to define the problem. There are six major categories that constitute elder abuse. They are:

1. **Physical abuse** – including kicking, punching, slapping and rape.
2. **Neglect** – failing to provide medicine, food or personal care.
3. **Financial exploitation** – stealing, mismanaging money, property, savings or credit cards.
4. **Psychological abuse** – threatening, isolating and intentionally withholding emotional support.
5. **Violation of rights** – strictly controlling behavior, keeping a person essentially as a prisoner, confining a person.
6. Other forms of elder abuse include over-medication of someone for whom a person is caring, not heating the living space adequately or failing to provide items such as reading glasses, which would make a person’s life comfortable.

**IMPORTANT:**

 **If you suspect any of these abuses are taking place, call the Staff**

 **IF THERE IS A CRISIS – CALL 911**

**Volunteer Conduct**

**Do…**

Be a good listener;

Express concern and caring;

Be consistent and dependable;

Establish boundaries, i.e., visiting timeframe;

Accept the participant as he or she is, not as you would wish him or her to be;

Use active listening;

Use your agency as a resource for consultation and support; and,

Realize and accept that you are not alone;

Ask before initiating a hug from your participant.

**Don’t…**

Accept money or gifts;

Give your home address or home telephone number to the participant;

Get involved in the participant’s family conflicts or take sides;

Provide food or beverages that are counter to a participant’s medically prescribed diet;

Provide alcohol to a senior;

Dispense, administer, share or recommend medications, dietary supplements, etc.;

Share your problems with the participant;

Drive a participant’s car;

Provide transportation.

Be involved in the participant’s finances;

Tell the participant what to do;

Make decisions for the participant;

Visit if you are ill. You are encouraged to call for a phone meeting.

**Suggestions for**

**All Volunteers**

**Be Considerate** Not patronizing or overly polite.

**Be Patient** Grieving persons, older persons and very ill persons function at a slower rate.

**Be Tolerant** Forgetfulness and old fashioned values are normal.

**Be Honest** But in a kind and gentle way.

**Be Flexible** There is usually more than one good way.

**Be Creative** Develop new channels of communication when needed.

**Be Perceptive** About the feelings of yourself and others.

**Be Imaginative** About meaningful activity and ways to be of real service.

**Be Supportive** But do not create over-dependence.

 **Conversation**

1. Ask open ended questions **(“How are you today?” or “What are your plans for today?”)** instead of questions that can only be answered yes or no **(“Are you O.K. today?”)**
2. Try to avoid upsetting topics unless the participant obviously wants to talk about them. Take the lead from the participant and let him or her talk.
3. Treat the confidences of participant as you would those of your best friend.
4. Keep a good sense of humor!
5. Be kind, considerate and patient at all times.
6. DO NOT discuss your own personal problems with the participant.
7. Listeningis the most important skill.

 **Challenges of Aging**

**The 8 Challenges of Aging**

**April 6, 2018**

[**Next Avenue**](https://www.forbes.com/sites/nextavenue/people/nextavenue/) Contributor

[**Next Avenue**](http://www.forbes.com/sites/nextavenue/) Contributor Group

[Retirement](https://www.forbes.com/retirement)

*The PBS website for grown-ups who want to keep growing*

Each area reflects a significant need and market opportunity, or an area where there is ample opportunity to “do good and do well.” Namely:

**1. Engagement and Purpose**: Ageism and outdated social norms have resulted in isolated and marginalized older adults in both rural and urban communities. Helping older adults get and stay meaningfully engaged is critical for their health and the health of our communities.

New and creative ways are needed to not only tap into their wisdom but also to provide opportunities for lifelong learning and meaningful engagement across the lifespan.

**2. Financial Wellness**: People are living longer and traditional models of work and retirement have not kept pace. Financing longevity will require new models, new tools and new norms. New opportunities for later life employment, new models for planning and financing care and better ways to prevent scams and fraud are needed.

**3. Mobility and Movement**: Everyday objects, homes and communities not originally designed with longevity in mind often become obstacles to movement, safety, independence and socializing. Remaining safe and mobile are top priorities for older adults.

There is a need for products, programs, and services that enable people to maximize their safety, strength, balance, fitness, independence and mobility as they age.

**4. Daily Living and Lifestyle:** The majority of older adults state a preference to “age in place,” yet one third of people over 65 need assistance with at least one activity of daily living (e.g. eating, bathing, dressing).

Products and services are needed to help support not only older adults’ basic daily activities but also to foster and support their ability to thrive, pursue their passions and engage with their chosen lifestyles.

**5. Caregiving**: Care for older adults is provided by informal (unpaid) and formal (paid) caregivers. Both groups are increasingly caring for people with higher levels of acuity and complex conditions.

Family caregivers — who are often juggling other family and work responsibilities and living remote from the care recipient — need better support, training, resources and tools to help them take care of their loved ones and themselves.

On the professional side, staff shortages and quality concerns loom large, so new solutions are needed to help attract, train, develop and leverage scarce human capital.

**6. Care Coordination**: The health care journey can be particularly complex and fragmented for older adults, two-thirds of whom have at least two chronic conditions.

With the overwhelming majority of health care dollars spent managing chronic conditions, families and health insurance providers are aligned in their desire to care for people in the least restrictive, most cost effective setting.

Families and providers need new tools and care models to support care transitions, clinical collaboration, medication management, population health management and remote care delivery.

**7. Brain Health**: Alzheimer’s disease is the 6th leading cause of death in the United States and is projected to cost $1.1 trillion by 2050. Incidence of Alzheimer’s disease is 33% among people over 85 years old, the fastest growing segment of the population.

While there remains no cure for Alzheimer’s disease, better tools and services are needed to increase awareness, develop tools for early prediction and diagnosis, optimize cognitive fitness, slow cognitive decline and support caregivers.

**8. End of Life**: Death is inevitable, but that doesn’t seem to make it any easier to talk about or prepare for. As a result, 25% of the Medicare budget is spent on the last year of life and many people still do not die where or how they want.

Families and providers need help navigating end of life options, having the difficult conversations and ensuring that end of life wishes are met.

We believe these are the challenges of our age and for the ages. We invite everyone to join our global movement at [www.aging2.com](http://www.aging2.com/).

**Physical Changes**

The human body experiences many changes over time. The following changes are good for volunteers to be familiar with.

**Muscular-skeletal System Changes**

* Loss of bone and muscle mass after age 40.
* Reduced mobility, flexibility and strength.

**Nervous System Changes**

* Brain cells begin to die at age 30.
* Production of neurotransmitters slows down.

**Sensory Changes**

* Elasticity of eyes decreases and the lens becomes thicker in middle age.
* Typically, the high-pitch hearing and lower frequencies are reduced.
* Number of taste buds and sense of smell decline.
* Sensitivity to changes in temperature occurs.

**Digestive System Changes**

* The digestive system becomes slower.
* Drugs and alcohol are metabolized more slowly by the liver and kidneys.
* Production of some enzymes begins to decline.
* Some nutrients are not absorbed as well as in youth.
* The liver shrinks and the gallbladder slows down.

**Cardiovascular System Changes**

* The heart enlarges
* Pumping capacity is lost at a rate of 1% per year after age 30.
* Less oxygen is delivered to body tissues.
* Arteries can become clogged and hardened.

**Respiratory System Changes**

* Ability to take in oxygen decreases by 40% between ages 20 and 70.
* Muscles in the chest and diaphragm become weaker.

**Working with Older Adults**

* Remember that if you have to say “no” to a request, do it with kindness.
* Do not take complaints personally.
* Greet people cheerfully.
* Help the participant to maintain as much independence as possible.
* Focus on the strengths they still have.
* Remember that older adults will not become upset with you for doing your job, even though you may think they will.
* Let people appreciate you.
* Watch the older person for big changes.
* Do not try to do more than you have been asked to do.
* It is okay for you not to like everyone.
* Remember to be friendly and cheerful whether or not the participant appreciates that.
* Do not assume that everyone can see as well as you, hear as well as you or read as well as you.
* Take time to listen, especially when you are in a hurry.
* Treat people as if they have something valuable to offer.
* Age is no excuse for rude or mean behavior.
* Make clear to people what your limitations are.
* Give yourself credit for every success.
* Knowing what to do will help you handle emergencies more calmly.
* Take advantage of all the training available to you. Make sure you learn what you need to know.
* Remember that an accusation is not a fact, it is only an opinion.
* You can be kind, firm and courteous all at the same time.

**Working with Hearing Impaired**

* Face the person directly so your gestures, expressions and lips can easily be seen.
* Speak slowly and clearly, using brief sentences.
* Sometimes changing the pitch of your voice (by lowering it) may help.
* Reduce background noise as much as possible, it can be very distracting. Ask if it would be OK to turn down (or turn off) the TV or radio.
* Ask if they have a hearing aid (it may be in a drawer somewhere).

**Working with Vision Impaired**

* Identify yourself and anyone with you when you meet.
* When starting a conversation, use the participant’s name so they know you are addressing him or her.
* Make sure there is plenty of light in the room and the pathways are clear.

**Wheelchair Etiquette**

1. Always ask the wheelchair user if he or she would like assistance before you help.
2. Do not put your hand on or lean on the person’s wheelchair. The wheelchair is part of the person’s personal body space.
3. Speak directly to the person in the wheelchair, not to someone nearby as if the wheelchair user does not exist.
4. When the conversation lasts more than a few minutes, consider sitting down or kneeling to get yourself on the same level as the wheelchair user.
5. Do not demean or patronize the wheelchair user by patting him or her on the head or shoulder.
6. Give distinct directions, including distance, weather conditions and physical obstacles that may hinder the wheelchair user’s travel.
7. Don’t discourage children from asking questions about the wheelchair. Open communication helps overcome fear and misleading attitudes.
8. When a wheelchair user transfers out of the wheelchair to a chair, toilet, car or bed, do not move the wheelchair out of reaching distance.
9. It is OK to use expressions like “running along” when speaking to the participant if the participant talks the same way.
10. Be aware of the wheelchair user’s capabilities. Many can walk with little assistance. They use wheelchairs to conserve energy and to move about.
11. Do not classify people who use wheelchairs as sick. Wheelchairs are used for a variety of disabilities.
12. Don’t assume that using a wheelchair is in itself a tragedy. It provides freedom and allows the user to move about independently.
13. When exiting a building, back the wheelchair out of the door.
14. All the wheelchair user wants is a chance to lead a life as normal as circumstances permit. The best way to deal with the situation is to direct our attention away from the wheelchair and focus on the person.

*Excerpted from What Do I Do When I Meet a Person in a Wheelchair? published by the National Easter Seal Society*

**DOCUMENTATION FORMS**

**Assignment Sheet for Volunteer**

|  |
| --- |
| **Volunteer Informatiopn** |
| Name: | Address: |
| Email | Phone |
| **Participant Contact Informatiopn** |
| Name: | Address: |
| Email | Phone |
| Primary Doctor  | Phone | Preferred Call Time | Home visit? (Y/N) |
| Medications (List) | Date of Birth |
| Any Pets? (describe) |
| Living Alone? (describe) |
| **Emergency Contacts** |
| Name: | Name: |
| Address: | Address: |
| Primary Phone:  | Secondary Phone: | Primary Phone:  | Secondary Phone: |
| Relationship: | Relationship: |
| Do either of your emergency contacts have a key to your home? |
| If yes, who? |

**Special Needs: (please print)**

**Telephone Comfort Care Case Notes**

**(see bottom of form for common codes and acronyms)**

 **Name:**

|  |  |
| --- | --- |
| **Date/Time** | **Action / Intervention / Follow - Up** |
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**The following codes and acronyms will be noted on the back side of all case notes. You may use a Code, or write out in long hand. Also, you may refer to these Codes/Acronyms, if used on your Intake Form.**

**Please document the following, may use Code, at your discretion**

**X** = Connected call to participant

**B** = Participant phone line busy

**O** = Participant requested no calls (Notify staff)

**H** = Participant in the Hospital (notify staff)

**S** = Participant in Skilled Nursing (notify staff)

**M** = Left message for participant

**C** = spoke to caregiver, not participant

**.** = Phone rings and no answer

**Acronyms: Following Codes may be noted on your assignment sheet**

**MOW =** Meals on Wheels

**HOH**= Hard of Hearing

**HV**= Home Visitor,

**SRC**= Senior Companion

**SNF**= Skilled Nursing Facility

**DIL**= Daughter-in-Law

**MHP**= Mobile Home Park

**ADHC**= Adult Day Health Care

 **SIL**= Son-in-Law

 **DOB**= Date of Birth

**IHSS**= In Home Support Services

**VA**= Receives care at the VA hospital

**FB**= Food Bank recipient

**HOME VISITOR MONTHLY REPORT**

**(Your contact info here)**

**Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Due by the 3rd of the month

 Total # of

 Telephone calls

 Calls.

 Total Visits

 To Participant

 Total Hours

 Volunteered

1. In the past month, have there been changes in your participant’s ability to get around? (i.e. the participant needs to use cane, walker, balance problem) **\_\_\_\_\_YES \_\_\_\_\_\_NO**
2. In the past month, have there been changes in your participant’s personal appearance? (i.e. cleanliness, grooming or dress) **\_\_\_\_\_YES \_\_\_\_\_\_NO**
3. In the past month, have there been changes in your participant’s medical condition? **\_\_\_\_\_YES \_\_\_\_\_\_NO**
4. In the past month, has the participant seemed less interested in his/her usual activities? **\_\_\_\_\_YES \_\_\_\_\_NO**
5. In the past month, has the participant been unusually sad, angry or frustrated? **\_\_\_\_\_YES \_\_\_\_NO**
6. In the past month, has the participant seemed confused or suffered memory loss? **\_\_\_\_\_YES \_\_\_\_\_\_NO**

**7**. In the past month, has there been a noticeable change in the participant’s relationship with others such as a relative, neighbor or doctor? **\_\_\_\_\_YES \_\_\_\_\_NO**

1. In the past month, has there been a change in the condition of the participant’s residence? (i.e. cluttered, dirty or unsafe) **\_\_\_\_\_YES \_\_\_\_\_\_NO**

**If you answered yes to any question above, or if you have any comments please elaborate:**

**Procedure for Submitting the Home Visit Report**

A monthly Home Visitor Report needs to be completed for each participant and mailed, faxed or emailed to the corporate office to be received by the 3rd of every month. Please submit a form even if you were unable to make a visit during the month.

**Mail the report to:** **1870 Armstrong Mill Rd, Lexington KY 40517**

 **Or** email: **Info@a-caring-place.com**

 **Or** call: **(Your phone here)**

If you need more forms, call the staff.

If you have questions regarding the report, or have concerns about your participant, please call the staff.

These forms are required for our monthly report. Your home visitor reports help us better assess our participants.

**Volunteer Pledge**

When working with older adults, I must remember that I should have:

1. An awareness of my own attitudes, feelings and prejudices and ensure that they do not interfere as I offer help to others.
2. An understanding that people may react to situations with feelings rather than intellect.
3. An appreciation that people are different in physical and emotional makeup, family background, education and life experiences. Individuals are alike in their basic needs to be loved, to have security, to feel adequate, to achieve and to be recognized.
4. An insight that people form attitudes based on how they see a situation. They may read meaning into situations that are not there. They may hear only what they want to hear.
5. A realization that people want to control their own lives and make their own decisions. Help is seldom acceptable unless it is sought and the individual has the right to reject it.
6. Recognition that behavior may have meaning only to the individual and may not appear to be sensible or logical.
7. An appreciation that each person has personal needs and may react in a manner that attempts to meet them.
8. An understanding that a person’s response may have little to do with me as a person. He/she may be reflecting worries and concerns that have no bearing on the current problem presented.
9. An acceptance of people as they are and where they are with their problems.
10. An understanding and ability to reassure the participant, showing that I recognize their problems and wish to work with them to resolve them.

Courtesy of: ***Gerontology Peer Counseling Training at Sacramento Mental Health and American River College***

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**Volunteer Agreement**

1. All volunteers agree to volunteer for a minimum of one year (exceptions are made for hardship, illness or relocation, please discuss your concerns with a staff).
2. Each volunteer must maintain a firm commitment to professional con.
     a.   Notification is necessary when absent from volunteer duties.
     b.   Volunteers requested to provide at least two weeks advanced notice before ending their volunteer position.
3. Each volunteer is required to attend A Caring Place orientation or read a self-paced module.
4. Volunteers are not permitted to accept money and/or gifts from any of the participants nor are they allowed to handle their finances and/or medications in any way.
5. I hereby give A Caring Place, Inc. the right to investigate my past volunteer and employment activities, if I apply for home visits, or transportation aide.   I release from all liability all persons, companies, and corporations who supply such information.  I hold harmless and indemnify A Caring Place against any liability that may result from such an investigation. I understand and agree to the above-mentioned conditions.

**Volunteer Confidentiality Agreement**

Federal regulations require that all applications and information be treated as confidential. Information about the health, social condition and psychiatric condition of a participant, the home phone number, address and marital status must be considered confidential. This information cannot be published in any way or conveyed to anyone outside the Telephone Comfort Care Program. It must be noted that anyone who intentionally violates this provision of the law can be prosecuted for misdemeanor conduct.

The individual the volunteer is serving deserves the respect and dignity of having his or her personal affairs kept confidential. As you spend time with your client, a bond of trust develops, and many personal feelings and experiences may be discussed. There may be strong feelings toward family members or formal service providers, and you (the volunteer) may be the only person available with whom the older adult is willing to share these feelings. Maintaining that bond of trust is important in continuing an effective relationship with your participant. However, as a volunteer, you do have the responsibility to alert and discuss with the Chair or Secretary of A Caring Place Board any situation that may endanger the health, safety or welfare of the individual you serve.

Please remember that you should not disclose any information to those not directly involved with the person--such as your family, friends, co-workers or others.  A network of people and services enables the participant to remain in his/her own home, but it often has a price: the loss of control over once-private matters. As a volunteer and friend, you can help him or her maintain some control over his or her life by respecting the right to share confidences without fear that confidential information will be passed on to others.

I have reviewed these policies and procedures, understand them, and agree to perform my volunteer responsibilities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)